

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No.

18800

FILED JUN 22 1955

2446

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				STREET ADDRESS (If rural, give location) 6132 College Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) LOIS		b. (Middle) ELLEN		c. (Last) LOCKWOOD	
4. DATE OF DEATH		(Month) June		(Day) 7		(Year) 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 28, 1913		9. AGE (In years last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Entertainer		10b. KIND OF BUSINESS OR INDUSTRY Pianist & Organist		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Howard Humphrey		13b. MOTHER'S MAIDEN NAME Eileen Hall		14. NAME OF HUSBAND OR WIFE Jack Lockwood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-20-2234		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack Lockwood, 6132 College, K.C., Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cushing's Syndrome</u>				INTERVAL BETWEEN ONSET AND DEATH <u>months</u> <u>157X</u> <u>months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-17</u> , 19 <u>55</u> , to <u>6-7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-7</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John W. Cashman</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>535 Anglin Bldg K.C. Mo.</u>		23c. DATE SIGNED <u>6-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 7, 1955		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG. <u>6-7-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John W. Cashman

6229
N 1188

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ray H. Barnes*.....

Licensed Embalmer No. *479*

P. O. Address *F. O.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.